54

PTO/S8/06 (08-03)
Approved for use through 7/31/2008, OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Univer the Preparagit Reduction Act of 1935, no persons are required to respond to a collection of information unless it displays a valid Child control number.											
PATENT APPLICATION FEE DETERMINATION R Substitute for Form PTO-875								RECORD 19537872			
CLAIMS AS FILED - PART I CTHER THAN											
L	(Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MANE	NUMBER FILED		NAMBER EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE (37 CFR 1.16(e))						1			1	- KATE	FCE
Yo	AL CLAIMS	- A 10	A'0 12					<u></u>	OR	125	3-1/
	CFR 1.16(c))	39	minus 3	0 - 10	. 10		× 5		OR	x s.d.8 .	234
	OFR 1.16(b))	~ ` <u>4</u> .	minus	<u> </u>	· /		x 8=		OR	×.78-	18
MULTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.18(4))							+5=		OR	+3	
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	1.002
	ċ	Laims as an	IENDEC) - PART II				•		7-1	
										OTHE	R THAN
		(Column 1)		(Cotumn 2)	(Column 3)	.	SMALL	NTITY	CR		ENTITY
\ ₹		REMARKING		HICHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADOL
		AFTER AMENDMENT	Í	PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TRONAL FEE
8	Total grom unus	. 14	Minus	32	•		x s		OR	X \$ =	- '
AMENDMENT	Independent (37 GFR 1.14DH	. 8	Minus	- 4	• 4		xs_ =		OR.	× .86.	वयपं
₹	FIRST PRESEN	TATION OF MELTIPE	E DEPENO	Off GLAN (STC	FR 1.16(4))		+3 .		OR OR	+1 =	V.,
						1 (TOTAL		- Can	TOTAL	adel
8/19/2							ADO'L FEE		OR	ADD'L FEE	344
0/17/45 (Column 1) (Column 2) (Column 3)											
8	, ,	CLAIMS REMAINING	ł	HUGHEST	PRESENT		RATE	ADQI-		0.75	
F		AFTER	l	PREVIOUSLY	EXTRA	Н	TALE	TIONAL		RATE	ADDI- TIONAL
Æ	Total	AMENDMENT	Minus	PAID FOR	4			FEE			FEE
ğ	(37 OFR 1.16):() Independent	//		17			X 5 •		OR	x s•	/
AMENDMENT	Q7 OFR 1.100g	X	Minus	18	1		x 8e		OR	x \$=	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (OF CFR 1.16(d))						+ s		OR	+:	/.
.1_ 1 .						•	TOTAL ADD'L FEE		OR *	TOTAL ADDL REE	./
1	190 00	(Column 1)		(Column 2)	(Column 3)			ل		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/
	+	CLAIMS		HIGHEST		ſ			ſ	- 	
NTC	٠	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADOI- TIONAL
AMENDAMENT	Total car orn s. secu	. 8	Minus	- 20		ľ	×5	PEE	OR	X 1	FEE
S	Independent GF GFR 1.10pg	· a	Minus	" 8	.0		×5=		OR	** -	
₹	FIRST PRESENT	ATION OF MALTIPLE	OEPE DE	BALCANN CA.C.	R 1:16(01)	j	+:		OR	•••	
					•	TOTAL			TOTAL		
	If the entry in or	niumo 1 is less than	n the one	ulo coheren 3	a 10° in colors		ADDIL FEE		OR	ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Poid For" IN THOS SPACE is less than 20, enter "20".											
	"If the "Highest Number Proviously Peld For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Peid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.18. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete full interpretation form to the USPTO. There will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form another suggestations for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2 $\,$